



## Massachusetts Department of Environmental Protection

Rideshare Program, 310 CMR 7.16

### 2004 RIDESHARE PROGRAM BASE REPORT

The Rideshare Regulation, 310 CMR 7.16 (4) requires facilities to provide base data on how their applicable commuters<sup>1</sup> commute to work. Facilities filing for the first time must complete this form.

#### A. Facility Information

Facility Name \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Facility Street Address<sup>2</sup> \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

#### B. Facility Applicability and Sections of Form to Complete

See *Guidance on Complying with the Rideshare Regulation* for help with this section.

1. **Facility Applicability.** Provide the numbers required below:

Total number of commuters: \_\_\_\_\_ Total number of *applicable* commuters: \_\_\_\_\_

2. **Sections of Form to Complete.** See the information below to determine which sections of the form you must complete.

##### Non-Educational Facilities

- ◆ Facilities with 249 or less applicable commuters
- ◆ Facilities with a DEP Operating Permit and 250 or more applicable commuters
- ◆ Facilities without a DEP Operating Permit Program and 250 to 999 applicable commuters
- ◆ Facilities without a DEP Operating Permit Program and 1,000 or more applicable commuters

##### Sections of Form to Complete

Sign Section I and submit this form to DEP.

Complete and submit this entire form to DEP.

DEP will phase in your facility in the future. Sign Section I and submit this form to DEP. You may also complete the entire form and submit it.

Complete and submit this entire form to DEP.

##### Educational Facilities

- ◆ Facilities with 999 or less applicable commuters
- ◆ Facilities with 1,000 or more applicable commuters

##### Sections of Form to Complete

Sign Section I and submit this form to DEP.

Complete and submit this entire form to DEP.

#### C. Summary Information on Commute Data Collection Method

1. **Commute Data Collection Week.** Select one week to collect commute data and indicate the dates that your facility collected the data: From \_\_\_\_\_ to \_\_\_\_\_
2. **Total Number of Applicable Trips.** Calculate the total number of possible trips:

$$\frac{\text{_____} \# \text{ Work Days in Data Collection Week} \times \text{_____} \text{ Total \# Applicable Commuters}^3}{\text{_____} \text{ Total Number of Possible Trips by Applicable Commuters}}$$

<sup>1</sup> "Applicable commuters" refers to applicable employees at the facility. For educational facilities, "applicable commuters" refers to both applicable employees and applicable students.

<sup>2</sup> Please attach a list of all building locations within a one mile radius.

<sup>3</sup> Facilities using the Random Sample Method, enter the number of applicable commuters in your sample size.



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3. **Commute Data Collection Method.** See *Guidance on Collecting Commute Data* for a detailed description of each survey method. Please check ☒ the commute data collection method your facility used:
- ☐ Census Survey (your facility distributed surveys to *all* applicable commuters)
- ☐ Random Sample Survey (your facility distributed surveys to a randomly selected sample of applicable commuters)
- ☐ Direct Count (your facility counted applicable commuter vehicles arriving and exiting parking lot(s) and all means of collecting commute data)
4. **Description of Commute Data Collection Method.** In the chart below, check ☒ how your facility collected data on applicable commuter commute trips.

#### **Census & Random Sample Survey Methods ONLY.**

- a. **Notification of Survey.** Check ☒ the actions your facility took to notify applicable commuters about the commute survey before distributing it:
- ☐ Facility sent e-mails or posted notices about the upcoming commute survey
- ☐ Facility published an article in a newsletter about the upcoming commute survey
- ☐ Facility sent a letter from the president, chief executive officer about the upcoming commute survey
- ☐ Other:
- b. **Distribution of Survey.** Check ☒ the actions your facility took to distribute the survey to applicable commuters:
- ☐ Facility distributed the survey directly through e-mail
- ☐ Facility distributed the survey at meetings
- ☐ Facility distributed the survey through supervisors, managerial staff, or department coordinators
- ☐ Facility distributed the survey with paychecks or other notices
- ☐ Facility distributed the survey at rideshare informational or promotional tables
- ☐ Other:
- c. **Collection of Survey.** Check ☒ the actions your facility took to collect the survey from applicable commuters:
- ☐ Facility collected surveys directly, through e-mail or at meetings
- ☐ Facility collected surveys through supervisors, managerial staff, or department coordinators
- ☐ Facility collected the survey with timesheets or other documents
- ☐ Facility posted notices or sent e-mails reminding commuters to return surveys
- ☐ Other:
- d. **Survey Form.** Did your facility use a survey form other than the enclosed commute survey forms to obtain the commute data? ☐ Yes ☐ No **If Yes, please attach the survey to this report and submit it to DEP.**

#### **Random Sample Survey Method ONLY.**

- a. **Sampling Parameters.** If your facility conducts a random sample, you must use the DEP method in the *Guidance on Collecting Commute Data*. Please provide the:
1. Number of applicable commuters your facility was required to sample \_\_\_\_\_
  2. Sample skip interval \_\_\_\_\_
  3. Sample's random number start \_\_\_\_\_



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**Direct Count Method ONLY.**

a. **Data Review.** If your facility conducts a direct count, you must be able to distinguish between vehicles belonging to *applicable commuters* and vehicles belonging to non-applicable commuters and visitors. Please check ☒ if your facility counted the:

- ☐ Number of *applicable* vehicles entering parking lot(s)
- ☐ Number of parked *applicable* vehicles in parking lot(s)
- ☐ Number of vehicles at the facility registered in a database
- ☐ Number of transit passes distributed to or purchased by applicable commuters
- ☐ Number of carpool or vanpool vehicles in preferential parking spaces
- ☐ Number of bicycles parked in bicycle parking racks or bicycle storage facilities
- ☐ Number of walkers
- ☐ Other:

5. **Commute Data Collection Method Response Rate.** Please provide the response rate your facility obtained with its commute data collection method. Count only those surveys completed by *applicable* commuters. Please refer to *Guidance on Collecting Commute Data* for details on the minimum response rate for each method.

a. **Census Survey Method.**

$$\frac{\text{\# of Applicable Commuters Responding to Survey}}{\text{Total \# of Applicable Commuters at Facility}} \times 100 = \text{Census Survey Response Rate \%}$$

b. **Random Sample Survey Method.**

$$\frac{\text{\# of Applicable Commuters in Sample Responding to Survey}}{\text{Total \# of Applicable Commuters in Sample}} \times 100 = \text{Random Sample Survey Response Rate \%}$$

c. **Direct Count Method.**

$$\frac{\text{\# of Applicable Commuters on Whom Collected Data}}{\text{Total \# of Applicable Commuters at Facility}} \times 100 = \text{Direct Count Response Rate \%}$$

**D. Summary of Commute Data (SCD) Forms**

Use the table below to determine the *Summary of Commute Data Form* (SCD) your facility must complete based on your commute data collection method, response rate, and how your facility wants to account for whom you did not collect commute data (*non-respondents*). You must submit your SCD form to DEP with this report.

If you used the ...	And you obtained commute data from...		Count non-respondents as...	And complete...
Census Survey or Direct Count	≥ 90% of your applicable commuters		No action required.	SCD Form 1
	≥ 75% but < 90% of your applicable commuters		Commuting in the same proportion of modes as responding applicable commuters	SCD Form 2
	≥ 50% but < 75% of your applicable commuters and	1. your facility opts to implement one additional trip reduction incentive (in addition to those incentives required by 310 CMR 7.16(1)).	Commuting in the same proportion of modes as responding applicable commuters	SCD Form 2
		2. your facility opts <b>NOT</b> to implement an additional trip reduction incentive.	Generating drive-alone trips	SCD Form 3
Random Sample Survey	All applicable commuters in your sample		No action required	SCD Form 4
	≥ 90% of the applicable commuters in your sample		Generating drive-alone trips	SCD Form 4



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## E. Percent of Drive-Alone Trips

Follow the steps below to provide data on the percent of applicable commuters who drive alone to the facility.

Action	Number
1. Total # of Drive-Alone Trips ("A" from your <i>Summary of Commute Data Form</i> ).	
2. Total # of Trips, All Commute Modes ("J" from your <i>Summary of Commute Data Form</i> ).	
3. Divide line 1 by line 2.	
4. Multiply line 3 by 100. This is the percent of drive-alone trips at your facility.	%

## F. Implementation, Publicity, and Maintenance of Trip Reduction Incentives

1. **Status of Trip Reduction Incentives.** In the table below, check ☒ which incentives your facility currently implements, publicizes, and maintains and the number of trip reductions that have been achieved, if any, prior to this base report. The table lists the incentives that are required by 310 CMR 7.16(1).

Required Trip Reduction Incentive	Does your facility currently implement this incentive?	If yes, how many drive-alone commute trip (DACT) reductions have resulted from implementing this incentive <sup>1</sup> ?
a. Conduct carpool matching	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. Designate preferential parking for carpools (and vanpools, if required)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. Establish bicycling incentives	Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. Provide transit passes	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
e. Post bus schedules, rates and routes	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
f. Negotiate with bus providers	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
g. Conduct vanpool matching	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
h. Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
i. Estimated Total # of DACT Reductions Achieved from Implementing Incentive(s) Prior to this Report. <i>Put this number in Section G, #3.</i>		

2. **Description of Implementation, Publicity, and Maintenance of Trip Reduction Incentives Required by 310 CMR 7.16(1).**

Please attach to this form a detailed description of how each incentive has been or will be implemented, publicized, and maintained and the data of implementation. Any incentives not implemented must be implemented within 30 days of submitting this form to the DEP Rideshare Program. Attach to this form a description of how each incentive will be implemented and the date of implementation.

- ♦ All facilities must offer trip reduction incentives a, b and c.
- ♦ Facilities that are located within one mile of public transit must also offer trip reduction incentives d, e and f.  
Is your facility located within one mile of public transit? Yes ☐ No ☐
- ♦ Facilities with 1000 or more applicable commuters must also offer trip reduction incentive g.  
Does your facility have 1000 or more applicable commuters? Yes ☐ No ☐

<sup>1</sup> If your facility implemented any of the above trip reduction incentives prior to the base year, provide an estimate of any increase of non-DACTs only if you can document that these non-DACTs are associated with your facility's promotion of the trip reduction incentives. This is not your facility's total number of current non-DACT trips.



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### G. 2004 Drive-Alone Trip Reduction Goal

Your facility must set a goal to reduce the number of drive-alone commute trips to the facility by 25%. Follow the steps below to calculate your facility's 2004 Drive-Alone Trip Reduction Goal:

Action	Number
1. Total # of Drive-Alone Trips. ("A" from your Summary of Commute Data Form).	
2. Multiply Line 1 by 0.25.	
3. Enter the Estimated Total # of Trip Reductions that Have Been Achieved from Implementing Incentives Prior to Submitting this Form. (See Section F, #1-i).	
4. Subtract Line 3 from Line 2. This is your 2004 Drive-Alone Trip Reduction Goal.	

### H. Rideshare Program Cost Data (Optional)

Please write below or attach estimated costs for the start-up implementation, publicity, and maintenance of each required trip reduction incentive.

### I. Certification Statement

*I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and supporting information and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.*

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Business Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Submit this form by **November 15, 2004** to:

**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention  
Rideshare Program, 10<sup>th</sup> floor  
One Winter Street  
Boston, Massachusetts 02108**

If your facility was required to conduct a commuter survey,  
submit your *Summary of Commute Data* form also.